

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

Form must be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

New Well  Re-Entry  Workover

Oil  WSW  SWD

Gas  DH  EOR

OG  GSW

CM (Coal Bed Methane)

Cathodic  Other (Core, Expl., etc.): \_\_\_\_\_

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

Deepening  Re-perf.  Conv. to EOR  Conv. to SWD

Plug Back  Liner  Conv. to GSW  Conv. to Producer

Commingled Permit #: \_\_\_\_\_

Dual Completion Permit #: \_\_\_\_\_

SWD Permit #: \_\_\_\_\_

EOR Permit #: \_\_\_\_\_

GSW Permit #: \_\_\_\_\_

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE  NW  SE  SW

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27  NAD83  WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite:

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

Confidentiality Requested

Date: \_\_\_\_\_

Confidential Release Date: \_\_\_\_\_

Wireline Log Received  Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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24 S. Gold Paola, KS 66071

Allen's Holdings & Investments  
 Oil & Gas Well Drilling  
 Water Wells  
 Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

**WELL LOG**

M.J.T. Enterprises

Hunt #16-I

API #15-121-31574

March 27 - March 28, 2019

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
11	soil & clay	11
15	shale	26
21	lime	47
13	shale	60
9	lime	69
32	shale	101
2	lime	103
7	shale	110
8	lime	118
2	shale	120
5	lime	125
9	shale	134
26	lime	160
2	shale	162
1	lime	163
7	shale	170
22	lime	192
6	shale	198
4	lime	202
1	shale	203
7	lime	210 base of the Kansas City
19	shale	229
1	limey sand	230 hard, grey sand
5	broken sand	235 grey sand & shale light gas odor
5	silty shale	240
77	shale	317
2	limey sand	319
29	shale	348 red bed (340)
3	sand	351
3	silty shale	354
9	shale	363
5	sand	368 light brown light oil show, gassy
1	limey sand	369 white no show
2	oil sand	371 soft brown sand good bleeding, gassy
2	limey sand	373 white hard minimal oil show
1	oil sand	374 soft brown sand, good bleeding
1	limey sand	375 white hard minimal oil show
14	lime	389

42	shale	431
2	coal	433
7	shale	440
3	lime	443
3	shale	446
1	lime	447
10	shale	457
2	lime	459
14	shale	473
6	lime	479
24	shale	503
4	lime	507
5	shale	512
7	lime	519 brown some oil show
2	shale	521
2	silty shale	523
3	broken sand	526 brown sand & shale ok bleeding
4	oil sand	530 brown sand, good bleeding
2	broken sand	532 40% brown sand 60% shale ok bleeding
14	silty shale	546
21	shale	567
1	lime & shells	568
4	silty shale	572
7	shale	579 TD

Drilled a 9 7/8" hole to 21.5'

Drilled a 5 5/8" hole to 579'

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Set 21.5' of 7" surface casing threaded and coupled, cemented with 5 sacks cement.

Set 569' of new 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp



PRESSURE PUMPING LLC  
 PO Box 884, Chanute, KS 66720  
 620-431-8210 or 800-467-8876

100314  
 40517

TICKET NUMBER, 55543  
 LOCATION Ottawa, KS  
 FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT  
 CEMENT

Invoice # 900637

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/28/19	5472	Hunt # 16 - I	SE 7	18	22	MI
CUSTOMER MST Enterprises			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 37411 John Brown Highway			729 Casken ✓ Safety Meeting			
CITY STATE ZIP CODE Osawatomie KS 66064			407 Kei Car ✓			
			503 Ala Mad ✓			
			369 Har Bec ✓			

JOB TYPE longstring HOLE SIZE 5 5/8" HOLE DEPTH 579' CASING SIZE & WEIGHT 2 7/8" EUE  
 CASING DEPTH 562' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 3.29 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100# Gel followed by 5 bbls fresh water, mixed & pumped, 56 sks Thixobland II cement w/ 1# Phenoseal per sk, cement to surface, flushed pump down, pumped 2 1/2" rubber to casing TD w/ 3.29 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure to set float valve.

*[Handwritten signature]*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	25 mi	MILEAGE	178.75	
CE0711	min	for mileage	600.00	
WE0853	2 hrs	80 Vac	200.00	
		Trucks	2538.75	
		-45%	1142.44	
		Subtotal		1396.31
CC5861	56 sks	Thixobland II cement	1512.00	
CC6079	56 #	Phenoseal	75.60	
CP8746	1	2 1/2" rubber plug	45.00	
CC5965	100 #	Gel	30.00	
		materials	11662.60	
		-45%	748.17	
		Subtotal		914.43
		SALES TAX 8%	73.15	
		ESTIMATED TOTAL		2383.89
				4334.36

SCANNED

Ravin 3737

AUTHORIZATION *[Signature]*

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.